

Final Statement of Commissioners Connolly and Kennedy

The Special Commission's representatives from the Department of Mental Health (DMH), Nancy Connolly, Psy.D and the Executive Office of Health and Human Services (EOHHS) Robyn Kennedy declined to endorse the Commission Statement on Sentencing, Commission Statement on Collateral Consequences, Statement on Assessment and Disposition of Special Populations, and Statement on Data Collection and Actuarial Risk Assessment Offered by Commissioners Guidry, Kinscherff, Knight and Levi. Commissioners from DMH and EOHHS joined in support of the Statement on Actuarial Risk Assessment and Data Collection Offered by SORB, Statement on Sentencing and Statement on Prevention.

While declining to jointly support several statements, this was not an indiscriminate rejection of all elements of each statement or the report in its entirety. Rather, it was in response to certain perspectives, conclusions and recommendations that are included in the documents. DMH and the EOHHS endorse evidenced-based practices for the assessment and treatment of persons with problematic sexual behavior and/or histories of sexual offending. While the percentage of clients served in EOHHS who have problematic sexual behavior is proportionately small, the treatment needs and risk management needs often require a significant allocation of resources. Through interagency collaboration, the development of staff training programs and the hiring of qualified staff and consultants, EOHHS agencies are able to proactively identify and incorporate best practices into their programming (see EOHHS Interagency Collaboration & Practice Related to Problematic Sexual Behaviors, March 2016). We endorse the risks/needs/responsivity approach to treatment of problematic sexual behavior and we endorse the need for incorporating emerging research into the development of our programs to meet the needs of our special populations.

Further, we support the need to introduce primary prevention programs for sexual violence, however, we also believe it would be a mistake to deplete funding for programs for persons who have already been convicted of sex offenses (where there is at least some risk for recidivism) in order to develop programs for the general public or for targeted populations in the community (e.g., schools, youth programs), where base rates for sex offending are reportedly quite low. Primary prevention is an important component of reducing sex offending, however, directing resources at identified high risk offenders, who often have multiple victims, is equally important. The highest risk offenders will continue to require the highest level of resources. As stated in the letter to the Chair of the Special Commission by the Boston Area Rape Crisis Center, "A comprehensive approach to sexual violence prevention includes interventions before violence has occurred (primary prevention) as well as immediate responses to violence (secondary prevention), and long-term and systemic responses (tertiary prevention)."

Because we serve vulnerable populations, a victim-centered approach to sex offender risk management is an important perspective for our agencies. In conjunction with public safety entities and other stakeholders, we look forward to continued collaboration on the important issues raised by the Special Commission to Reduce Recidivism of Sex Offenders. We thank the Commission for inviting our participation.